

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3889HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2009
NAME OF PROVIDER OR SUPPLIER STUDIO ASIA INCORPORATED		STREET ADDRESS, CITY, STATE, ZIP CODE 1333 CHAPARRAL SUMMIT DRIVE LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 6/22/09. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was one. One resident file and one employee file were reviewed. The following deficiencies were identified:	H 000	<p><i>I H</i> <i>7/17/09</i> <i>APOC</i></p> <p>RECEIVED JUL 10 2009 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA</p> <p><u>H 010</u> a) License no. 3889 HIC-5 has been posted in a conspicuous place of the facility. A print out copy of the license on the wall of the home is provided as Attachment 1. b) The license which remains current will be maintained in this current spot in the home. Employee # 1 (Owner/Director/Caregiver) will monitor for compliance. c) 07/06/2009</p> <p><u>H 018</u> a) Employee # 1 (Owner/Director/Caregiver) has obtained the names of, and telephone numbers for registering complaints with the Bureau of Health Care and Compliance and Aging Services Division of the Department of Human Resources, and has provided</p>	
H 010	Director Duties-Post License NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 1. Post the license to operate the home in a conspicuous place within the home.	H 010		
H 018	Director Duties-BLC&DAS Phone Numbers NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall:	H 018		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Amelita Toro (AMELITA TORO)
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: **OWNER/DIRECTOR/CAREGIVER** (X6) DATE: **07/06/2009**

RECEIVED

JUL 14 2009

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3889HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2009
NAME OF PROVIDER OR SUPPLIER STUDIO ASIA INCORPORATED		STREET ADDRESS, CITY, STATE, ZIP CODE 1333 CHAPARRAL SUMMIT DRIVE LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 018	Continued From page 1 3. Ensure that the residents of the home: (b) Receive: (4) The names of, and the telephone numbers for the registration of complaints with the bureau and the aging services division of the department of human resources. This Regulation is not met as evidenced by: Based on interview and record review on 6/22/09, the director did not ensure that the names and telephone numbers for registration of complaints with the Bureau of Health Care Quality and Compliance and the Division for Aging Services were made available to 1 of 1 residents (Resident #1).	H 018	<i>the information to Resident #1; documentation of this completed activity is provided as Attachment 2, Resident Grievance. The facility had previously prepared the aforementioned form and a facility Resident Rights which are provided to each Resident of the facility. b) Employee #1 (Owner/Director/Caregiver) will provide this requirement and associated information (names, and telephone numbers) for registering complaints to Resident #1 or any future residents at the home, including any changes as informed by the Bureau and Aging Services Division of the Department of Human Resources. Future residents at this home will be informed of this requirement with completed documentation. Employee #1 (Owner/Caregiver/Director) will monitor for compliance. c) 07/06/2009</i>	
H 033	Safety&Sanitation-First Aid Kit NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249) 2. A home must contain: (c) A first-aid kit; This Regulation is not met as evidenced by: Based on observation and interview on 6/22/09, the facility did not have a first aid kit.	H 033	<i>H033 a) A First Aid kit has been purchased by the facility to comply with NAC 449.15525 (NRS 449.249). Documentation for this purchase is provided as Attachment 3. b) Employee #1 (Owner/Director/</i>	
H 040	Agreement Concerning Rates NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 1. Enter into a written agreement with each	H 040	<i>H033 a) A First Aid kit has been purchased by the facility to comply with NAC 449.15525 (NRS 449.249). Documentation for this purchase is provided as Attachment 3. b) Employee #1 (Owner/Director/</i>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

Z8U411

If continuation sheet 2 of 5

RECEIVED

JUL 14 2009

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3889HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2009
NAME OF PROVIDER OR SUPPLIER STUDIO ASIA INCORPORATED		STREET ADDRESS, CITY, STATE, ZIP CODE 1333 CHAPARRAL SUMMIT DRIVE LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 040	Continued From page 2 resident of the home that sets forth the basic rate for the services of the home and the charges for any optional services. This Regulation is not met as evidenced by: Based on record review on 6/22/09, the facility did not have a rate agreement that set forth the basic rate for the services of the home and the charges for any optional services for 1 of 1 residents (Resident #1).	H 040	<i>Caregiver) will ensure that a First Aid kit is maintained at this facility to comply with the requirement. Any changes to this requirement will be addressed by the facility accordingly. Employee #1 (Owner/Director/Caregiver) will monitor for compliance. c) 07/06/2009. <u>H040</u></i>	
H 041	Records of Residents-Maintain file 5 years NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. This Regulation is not met as evidenced by: Based on observation, record review and interview on 6/22/09, the facility failed to retain the file for 5 years after 1 of 2 residents permanently left the home.	H 041	<i>a) A previous and current agreement between the facility and Resident #1 is provided as Attachment (page indicating basic rates for the services of the home and the charge for any additional services). This document is maintained in the facility's records files. b) This agreement between the facility and Resident #1 will be reviewed on an annual basis and documented accordingly to reflect the current basic rates and any additional services needed by Resident #1. Future residents will be provided with the same format of an agreement as agreed upon. Employee #1 (Owner/Director/Caregiver) will monitor for compliance. c) 07/06/2009 <u>H041</u></i>	
H 045	Records of Residents-Current Needs Assessment NAC 449.15527 Agreement between operator of home and resident concerning rates;	H 045	<i>a) A records file for Resident #1 at the facility will be maintained for five years in a file cabinet in the facility and indexed accordingly. The following pertinent records for Resident #1 (as well as for future residents) will be maintained: rate agreement, medical records, medication use agreement, needs assessment, discharge memo, medicine administration</i>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

5899

Z8U411

If continuation sheet 3 of 5

RECEIVED

JUL 14 2009

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3889HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2009
NAME OF PROVIDER OR SUPPLIER STUDIO ASIA INCORPORATED		STREET ADDRESS, CITY, STATE, ZIP CODE 1333 CHAPARRAL SUMMIT DRIVE LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 045	Continued From page 3 maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (d) A current copy of the assessment of the needs of the resident conducted pursuant to NAC 449.15523.	H 045	<i>record (MAR), and other records pertinent to residents in the course of their stay in the facility. b) an organized file with proper indexing will be maintained for proper filing for current and future residents of the facility. Employee #1 (Owner/Director/Caregiver) will ensure that all appropriate completed records as shown in (a) pertinent to each resident(s) are maintained for five years after the resident permanently leaves the facility per NAC 449.15527 (NRS 449.249) Employee #1 (Owner/Caregiver/Director) will monitor for compliance. c) 07/06/2009 H045 a) A completed needs assessment as required by NAC 449.15523 (NRS 449.249) for Resident #1 are provided as Attachment 5. This form was completed by Employee #1 (Owner/Director/Caregiver) when Resident #1 was admitted to the facility. b) Employee #1 (Owner/Director/Caregiver) will ensure that a Needs Assessment form is completed and documented, accordingly, for all future residents at this facility. All completed forms are then maintained in an organized and indexed file for the resident in a file cabinet for five years after the resident permanently leaves the facility. Employee #1 (Owner/Director/Caregiver) will monitor for compliance. c) 07/06/2009</i>	
H 060	Ultimate User Agreement NRS 453.375 Authority to possess and administer controlled substances. A controlled substance may be possessed and administered by the following persons: 6. An ultimate user or any person whom the ultimate user designates pursuant to a written agreement. NRS 454.213 Authority to possess and administer dangerous drug. [Effective through December 31, 2007.] A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:	H 060		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

Z8U411

If continuation sheet 4 of 5

RECEIVED

JUL 14 2009

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3889HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2009
NAME OF PROVIDER OR SUPPLIER STUDIO ASIA INCORPORATED		STREET ADDRESS, CITY, STATE, ZIP CODE 1333 CHAPARRAL SUMMIT DRIVE LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 060	Continued From page 4 10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement. This Regulation is not met as evidenced by: Based on record review on 6/22/09, the facility did not obtain an ultimate user agreement authorizing the facility to administer medications to 1 of 1 residents (Resident #1).	H 060	<u>H060</u> a) The ultimate user agreement between the facility and Resident #1 is provided as Attachment 6, (User Agreement - Medication), which authorizes the facility to possess and administer drug or medication to Resident #1 as prescribed by Resident #1's physician. b) Employee #1 (Owner/Director/Caregiver) will ensure that authorization to administer medications to Resident #1 and future residents are completed, documented, and maintained, in the records file for the resident(s) at the facility. The records file for each resident will be reviewed annually to ensure that the ultimate user agreement is current and in compliance with NRS 453.375 and NRS 454.23. Employee #1 (Owner/Director/Caregiver) will monitor for compliance. c) 07/06/2009	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

Z8U411

If continuation sheet 5 of 5

RECEIVED

JUL 14 2009

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA